Pinnacles National Monument 5000 Hwy 146 Paicines, CA 95043 NATIONAL PARK SERVICE

(831) 389-4485 phone (831) 389-4489 fax www.nps.gov/pinn

EDUCATIONAL PROGRAM REQUEST and APPLICATION FOR PARK ENTRANCE WAIVER OF FEES

Contact Person & Title	Sch	nool
		Zip
School Phone ()		
E-Mail Address		
Alternate Contact	Phone ()	
A 30 Day Notice Required Arrival	Date:/	Arrival Time:
Number in Group (1:10): Adults,	Students (Max. 35 peop	le on trail at one time) Grade Level:
Number of Vehicles:Car(s)V	an(s)Bus(es) Pilot Car Requir	red for Buses Entering through the West Entrance
Meeting Location:Bear Gulch Visitor	Center (East Entrance),Chapar	ral Ranger Station (West Entrance)
	sources of the area visited by bona ons desiring non-recreational visits	
■ A) Multi-Day Program: *Requires a commitment of no less than Please indicate the program desired: ■ Wings on the Wind	three days. Curriculum available o	n the Park's web site: www.nps.gov/pinn/education □ Frogs Eat Icky Bugs
Pre Visit Date/Tim	e Pre Visit Date	
Park Visit Date/Tim	e Pre Visit Date	/Time
Post Visit Date/Tim	e Park Visit Date	/ Time
	Post Visit Date	/Time
OR Togehors may choose to have a Park	Educator prosent a one-day only	portion of the park curriculum in their class.
☐ B) 1 Day Park Visit Program: *An outline of your specific education	al objectives on school letterhea	ad is required when submitting your request for this ves/Bats □ Cultural History ner:
C) Teacher-led Visit (No Park Edu *A copy of your lesson plan(s) is requi educational in nature, the request for the	red when submitting your request	for this option. If it is found that the objectives are no to be granted.
provided herein are true and accurate to	the best of my knowledge and are	, Title 36, Part 71, Section 71.13 (d) and all of the facts e submitted for the explicit purpose of obtaining a waive pline. (Fax or mail this form, at least 30 DAYS in
Applicant's Signature:		Date:

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